

**STATE OF RHODE ISLAND
DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES**



**RESIDENTIAL CHILD CARE
REGULATIONS FOR LICENSURE**

JUNE 2010

RI DCYF
Residential Child Care Regulations for Licensure

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SECTION ONE - GENERAL PROVISIONS

I. LEGAL BASIS

RIGL 40-13.2 - Certification of Child Care and Youth Serving Agency Workers
RIGL 42-72 - Department of Children, Youth and Families
RIGL 42-72.1 - Licensing and Monitoring of Child Care Providers and Child-Placing Agencies
RIGL 42-72.9 - Children's Right to Freedom From Restraint Act
42 USC 201 - Children's Health Act of 2000
RIGL 42-72-15 - Children's Bill of Rights

II. STATEMENT OF INTENT

The Rhode Island Department of Children, Youth and Families (DCYF) is required by Chapter 42-72 of the Rhode Island General Laws to provide for the safety and well-being of all youth who are placed in its care. DCYF is responsible for the regulation of all residential child care facilities for children.

These regulations apply to all residential placements included in the term "facility" in section III, **DEFINITIONS** below. They do not apply to boarding schools and educational programs approved by the Rhode Island Department of Education, recreational camps or programs licensed by the Department of Mental Health, Retardation and Hospitals, including nursing homes, hospitals, mental health centers and residential substance abuse programs. They do not pertain to the Rhode Island Training School.

A provider must demonstrate both in its license application and active program the ability to provide child care services in accordance with these regulations and in compliance with the laws of the State of Rhode Island. DCYF, as the licensing authority, will inspect all aspects of a program in order to determine compliance with these regulations. No provider will operate a facility without a DCYF license.

The Children's Bill of Rights, RIGL 42-72-15, mandates that each child be treated in a humane and respectful manner with full consideration for the child's personal dignity and right to privacy. These regulations set standards to ensure that agencies create safe, clean, healthy and emotionally supportive environments where every child receives the least intrusive, most clinically appropriate intervention.

The Department of Children, Youth and Families utilizes a family centered practice approach, recognizing that family members play an important part in treatment planning. Residential child care agencies play a critical role in promoting the principles of family centered practice by recognizing that families have strengths, supporting family members in caring for their children, creating an environment that respects cultural diversity, linking and coordinating with the community to access needed services and working with families to achieve the goals of safety, permanency and well-being.

DCYF has formulated the portion of these regulations relating to crisis intervention, restraint and seclusion in compliance with the Children's Right to Freedom from Restraint Act (RIGL 42-72.9) and the Children's Health Act of 2000 (42 USC 201). These statutes provide that every child has the right to be free from the use of seclusion or restraint as a means of coercion, discipline or retaliation. The use of such techniques poses potential risks to physical safety and psychological well-being; non-physical interventions are the preferred techniques. The intent of these regulations is to minimize the use of restraint and seclusion and to ensure such interventions are employed only to prevent immediate harm to the physical safety of a child or other individuals in the facility.

The Department of Children, Youth, and Families does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief or handicap. The prohibition against discriminatory practices extends to the agencies, organizations and institutions DCYF licenses.

III. DEFINITIONS

APPLICANT means a child care provider applying for a license or a license renewal to operate a residential facility for children in the care of DCYF.

BEDROOM SPACE means a minimum of fifty (50) square feet per child designated as a sleeping area. Any bedroom space developed subsequent to the effective date of these regulations will include an outside window.

BEHAVIOR MANAGEMENT POLICY means written policies and procedures for managing children's actions, including positive responses for appropriate behavior and consequences for rule violations.

BIO-PSYCHOSOCIAL ASSESSMENT means a comprehensive assessment of the functioning of the child and family, including their strengths, preferences, cultural background and influences, previous involvement in mental health or social services and current functioning. The assessment identifies current barriers and supports to community placement of the child, family reunification, ensuring community safety and the child's participation in local education.

CHEMICAL RESTRAINT means any medication used to control a child's behavior or to restrict the child's movement when the medication is not a standard treatment for the child's medical or psychiatric condition.

CHILD means any person less than eighteen (18) years of age, provided that a child over the age of eighteen (18) who continues to receive services from DCYF and/or who is defined as emotionally disturbed and/or as a child with functional developmental disabilities as referenced in RIGL 42-72-5 is considered a child for purposes of these regulations, or any child who is subject to the continuing jurisdiction of the RI Family Court pursuant to RIGL 14-1-6.

CHILD ABUSE AND NEGLECT means the maltreatment of a child as defined by RIGL 40-11-2 and 14-1.

CHILD PLACING AGENCY means any private or public agency, which receives children for placement into independent living arrangements, supervised apartment living, residential group care facilities, family foster homes or adoptive homes.

CHILD PROTECTIVE SERVICES means the Child Protective Services (CPS) division of DCYF, including investigative and intake units.

CLINICAL CARE STAFF means any person employed or contracted by a facility, on a temporary or permanent basis, to provide specialized clinical and therapeutic services in accordance with their qualifications and licenses.

COURT APPOINTED SPECIAL ADVOCATE (CASA) means the program established by the RI Family Court to provide representation to children in DCYF proceedings.

DCYF SERVICE PLAN means the plan that the Department of Children, Youth and Families develops with a child and the child's family for care and treatment services.

DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES is referred to as DCYF, the Department, the Licensing Unit and DCYF representatives.

DEPARTMENT OF HUMAN SERVICES (DHS) is the Medicaid Authority for the State of Rhode Island and the payor of medically necessary services for children with Medicaid coverage.

DIRECT CARE STAFF means any person employed or contracted by a facility, on a temporary or permanent basis, to provide care, education or supervision and to implement facility service plans for children in the placement.

EDUCATIONAL PROGRAM means a facility with educational services certified by the Rhode Island Department of Education.

FACILITY means any agency, organization or public or private entity that provides residential treatment, residential group care or shelter care for children. The placements include but are not limited to independent living, semi-independent living and wilderness programs. The term encompasses "covered facility" as defined in RIGL 42-72.9-3.

FACILITY CASE RECORD means the placement's comprehensive collection of a child's medical, social and educational information, including treatment plans and service plans.

FACILITY SERVICE PLAN means the time-limited, goal-oriented individual service plan of care, treatment and education services that is developed and implemented by the facility for a particular child.

FAMILY CENTERED PRACTICE means a best practice approach that allows the family's strengths, resources and needs to be identified in partnership with DCYF and service providers for the purpose of developing service plans and delivering appropriate services. Family centered practice includes the family members in making the decisions that will affect them and their children, and it is built upon a set of principles that embrace valuing the family and utilizing the family's community as a core support.

INDEPENDENT LIVING means the placement of a child in his/her own residence under the regular supervision of a licensed child placing agency.

LICENSED PRACTITIONER OF THE HEALING ARTS means a doctoral and/or masters level clinician independently licensed in the State of Rhode Island in the field of medicine, psychology, nursing, social work, mental health counseling or marriage and family treatment who is required to sign the child's individual service plan.

LICENSING UNIT means the Licensing Unit of DCYF.

LIFE THREATENING PHYSICAL RESTRAINT means any physical restraint or hold on a child that restricts the flow of air into the child's lungs by chest compression or any other means or any other restraint that may result in death.

LOCKED FACILITY means a facility secured with locked doors to prevent children from exiting the premises at will.

MECHANICAL RESTRAINT means any approved mechanical restriction that immobilizes or reduces the movement of a child's arms, legs, torso or head in order to hold a child safely including: (1) medical devices, such as supports prescribed by a health

care provider to achieve proper body position or balance; and (2) helmets or other protective gear used to protect a person from injury due to a fall or to prevent self-injury. Such devices must be part of a documented treatment plan and must be the least restrictive means available to prevent self-injury.

NATIONALLY RECOGNIZED MODEL OF CRISIS INTERVENTION AND PHYSICAL RESTRAINT means a Crisis Intervention and Restraint Program that is developed by an organization with the capacity to ensure quality training in, and evaluation of, the model consistent with **SECTION THREE - LICENSING STANDARDS, VI. PROGRAM REQUIREMENTS**, L. Behavior Management, Safety and Crisis Intervention, Restraint and Seclusion below.

OFFICE OF THE CHILD ADVOCATE means the legal office created by RIGL 42-73.

PARENT means the parent(s) or legal guardian(s) of a child.

PARENT AGENCY means the association of persons or the organization having responsibility for conducting the affairs of the facility or of which the facility is a subsidiary.

PROBATIONARY LICENSE means a license maintained by a facility that is temporarily unable to comply with a licensing requirement. A probationary license shall be issued for up to twelve (12) months and may be extended for an additional six (6) months at the discretion of the licensing administrator. A probationary license will be granted in accordance with RIGL 42-72.1-5.

PROVISIONAL LICENSE means a license issued for a period not to exceed six (6) months to an applicant who is not able to comply with a certain regulation or regulations because the facility is not in full operation. A provisional license will be granted in accordance with RIGL 42-72.1-5.

RESIDENTIAL COUNSELING CENTER means a residential group care facility that maintains intensive staffing ratios to ensure the safety and security of the residents.

RESIDENTIAL GROUP CARE means any facility that serves no more than eight (8) children and provides room and board, recreational programs and clinical and social services.

RESIDENTIAL TREATMENT means a facility that provides care and treatment of children who need extended out-of-home care. Treatment includes medical services, psychiatric and/or psychological services, clinical social work, behavioral management interventions and educational and recreational services.

SECLUSION means the involuntary confinement of a child in a room, whether alone or with staff, in a manner that prevents the child from leaving the area. This definition does not pertain to facilities or children where the terms of seclusion are defined pursuant to any particular judicial decree.

SERIOUS PHYSICAL INJURY means any injury requiring diagnostic or treatment services from a licensed medical provider.

SITE means the facility premises.

SHELTER CARE means any facility serving no more than eight (8) children, which provides emergency care for the purpose of stabilization or assessment in a group home for a period not exceeding ninety (90) days.

SEMI-INDEPENDENT LIVING means a program for adolescents with daily supervision and overnight staffing.

SUPPORT STAFF means individuals who do not maintain direct supervision and care of children.

THERAPEUTIC PHYSICAL RESTRAINT means the use of a staff member's body to immobilize or reduce the free movement of a child's arms, legs, torso or head in order to ensure the physical safety of a child or other individual in the facility. The term does not include either brief holding of a resident in order to calm or comfort or the minimum contact necessary to safely escort a resident from one area to another.

TIME OUT means a child's brief separation from a group, not to exceed twenty (20) minutes, designed to de-escalate a child's behavior. During time out, a child's freedom of movement is not restricted and the child need not be directly supervised, but must be visually monitored.

TOTAL QUALITY MANAGEMENT (TQM) means a management approach for an organization, centered on quality, based on the participation of all its members and aiming at long-term success through customer satisfaction and benefits to all members of the organization and to society.

SECTION TWO - LICENSING PROVISIONS

I. APPLICATION PROCESS

- A. The application packet is obtained from the DCYF Licensing Unit. A separate application must be filed for each proposed facility.
- B. The completed licensing application packet, in accordance with section C. below, must be submitted to the DCYF Licensing Unit to initiate the licensing process. An incomplete packet will be returned to the applicant.
- C. The application packet consists of the following:
 - 1. Facility licensing application and checklist
 - a. The application must be fully completed and signed by the chief executive of the applying agency.
 - b. All information listed on the checklist must be provided.
 - 2. Documentation of fiscal responsibility evidencing sound financial structure and ability to meet the operating needs of the facility
 - 3. Fire safety inspection approvals or other evidence of compliance with with the Food and Drug and Health and Safety Acts, RIGL Titles 21 and 23 respectively, and any related regulations
 - 4. Agency charter or articles of incorporation
 - 5. Documentation of federal tax exempt status
 - 6. Certificate of occupancy or other evidence of compliance with the state building code for new construction or change of use
 - 7. Documentation of any national accreditations and any other licenses
 - 8. Report of any community notification relating to the establishment of a new program (refer to **DCYF Policy 900.0060, Vendor Guidelines for Establishing New Residential Programs**)
 - 9. DCYF clearances (DCYF #035A) and results (DCYF #171) on all operators, employees and board members (refer to **DCYF Policy 700.0105, Clearance of Agency Activity**)

10. Criminal History Affidavit (DCYF #109) and statewide and nationwide, including fingerprinting, criminal records checks (refer to **DCYF Policy 900.0040, Criminal Records Checks**) on all operators and employees and DCYF #109 and statewide criminal records checks on board members
 11. Employment History Affidavit (DCYF #108) (refer to **DCYF Policy 900.0035, Employment Background Checks Facility Operators/Facility Employees**) on all operators and employees
 12. Disaster and emergency response plan
 13. Behavior management and crisis intervention, restraint and seclusion policies
 14. Identification of crisis intervention and restraint model to be utilized in the facility
 15. Documentation of completion of training in crisis intervention and restraint and certification in first aid and CPR
 16. Documentation of licensure of the clinical supervisor or clinical director, confirming that the clinician is a licensed practitioner of the healing arts
- D. Preliminary site evaluation is performed by DCYF Licensing Unit staff.

II. DETERMINATION

- A. Upon receipt of a completed license application packet, the DCYF Licensing Unit will take one of the following actions within ninety (90) days:
1. Issue a license.
 2. Issue a provisional license to a facility not previously licensed in accordance with RIGL 42-72.1-5.
 3. Issue a probationary license which sets forth terms of remediation as prescribed by RIGL 42-72.1-5.
 4. Deny the application (refer to section **V. APPEAL/HEARING** below).
- B. If a license is issued, the license remains valid from the date of issue to its expiration in one (1) year, or as otherwise consistent with RIGL 42-72.1-5, unless DCYF initiates licensing action for cause or the facility voluntarily surrenders the license prior to that time.

III. VARIANCE

- A. The DCYF Director or designee may grant a variance to a regulation upon the submission of a written request setting forth the circumstances requiring the variance and demonstrating good cause for the variance to be granted.
- B. A variance may be granted when the situation does not jeopardize the health, safety and well-being of the children in care.
- C. An approved variance will contain a specified time frame, not to exceed ninety (90) days, and is subject to review and renewal.

IV. LICENSING VIOLATIONS AND COMPLAINTS

- A. Any complaint, which alleges a violation of these regulations will be referred to the DCYF Licensing Unit for investigation.
1. When a facility is found to be in violation of these regulations, the DCYF licensing administrator or designee sends written notice of the violation

- to the chief executive of the facility. The notice establishes a deadline for correcting the violation.
2. The chief executive of the agency sends a corrective action plan to the licensing administrator or designee.
 3. If the facility fails to comply with the time frame, the chief executive of the agency sends a written explanation for the delay to the licensing administrator or designee with a request for an amended time frame. This request must be received within twenty-four hours of the deadline.
 4. The licensing administrator or designee may either accept or reject the request in writing.
 5. If the facility remains in violation at the end of the designated time frame, the licensing administrator or designee initiates action to suspend, revoke or continue the license on probationary status.
- B. Any complaint, which alleges that a child has been abused and/or neglected in a facility will be referred to DCYF Child Protective Services.

V. APPEAL/HEARING

- A. Any applicant for licensure or licensee may appeal any action or decision of a DCYF staff person, supervisor or administrator that is adverse to the status as an applicant or license holder.
- B. All administrative hearings for appeals relating to licensing violations or terms will be held in accordance with **DCYF Policy 100.0055, Complaints and Hearings**.

VI. LICENSE RENEWAL

- A. The DCYF Licensing Unit provides a renewal application packet, which includes a compliance self-assessment report, to the facility ninety (90) days prior to the expiration of the current license.
- B. Applicant returns the completed renewal application packet to the Licensing Unit at least thirty (30) days prior to the license expiration.
- C. Applicant provides documentation of fiscal accountability.
- D. Applicant requests updated DCYF clearances through the DCYF Licensing Unit and obtains statewide BCI checks in accordance with **DCYF Policy 700.0105, Clearance of Agency Activity** and **DCYF Policy 900.0040, Criminal Records Checks** and includes results in personnel file.
- E. DCYF conducts site inspection and records review prior to the expiration of the current license in order to determine compliance with the regulations.

SECTION THREE - LICENSING STANDARDS

I. ADMINISTRATION AND ORGANIZATION

- A. Parent Agency Responsibilities
 1. The parent agency will maintain an organizational table accurately reflecting the structure of authority within the agency and the facility.
 2. The parent agency must have a written policy and procedure that requires the facility's continual compliance with licensing requirements and conformity with the provisions of its charter.

3. The parent agency must ensure that an accredited facility has a quality improvement plan, consistent with its Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Commission on Accreditation of Rehabilitation Facilities (CARF) or Council on Accreditation (COA) certification status, which is provided to families, DCYF and advocates. A facility that is not accredited must ascribe to the principles of total quality management and have related policies and procedures, which are provided to families, DCYF and advocates.
4. The parent agency must ensure that direct care staff includes qualified personnel capable of providing for the health and safety of the children assigned to their care; implementing all aspects of the program, including its policies and procedures; and, documenting and assessing behaviors of each child to ensure safety.
5. The parent agency will ensure that each facility files an annual financial statement with the Licensing Unit. The audit must be conducted by an independent certified public accountant. The audit must demonstrate that the facility has sound fiscal and allocation plans that meet its operating needs.

B. Facility Responsibilities

1. Each facility will maintain a purpose statement available for inspection by any interested party. The purpose statement will include the following:
 - a. A statement of the facility's philosophy and goals
 - b. A statement delineating which services are provided by the facility and which services are provided through community resources
 - c. Identification of appropriate resources if the parent agency administers several programs at different sites
 - d. A listing of eligibility requirements, including age, sex, cognitive development, health status, treatment and service needs
2. Staffing Ratios and Resident Supervision
 - a. Each facility will provide a description of the following:
 - i. The staff working on each shift
 - ii. "One-on-one coverage", "constant supervision" and any restrictions consistent with the facility's behavior management program
 - iii. "Monitoring" and "supervision" of clients
 - b. Each facility will have overnight staff/child ratios as follows:
 - i. Residential, shelter and residential treatment programs - overnight awake staff with a staff/child ratio of one to six (1:6).
 - ii. Semi-independent living programs - overnight asleep staff, with a staff/child ratio of one to six (1:6).
 - c. Each facility will have daytime awake staff/child ratio as follows:
 - i. Residential group and shelter care programs will have a minimum of one staff to four residents (1:4).
 - ii. Residential treatment programs and specialized programs will have a minimum of one staff to three residents (1:3).
 - iii. Semi-independent living programs will have a ratio of one staff to five residents (1:5).
 - d. Each child must be adequately supervised at all times with immediate access to staff twenty-four (24) hours per day.
 - e. Each facility will provide a written plan for staff coverage in crisis and emergency situations.

- C. Research
1. Research is permitted for a facility or parent agency's internal evaluation.
 2. Research for any other purpose requires prior approval from DCYF. Upon review, DCYF may require parental approval.
 3. The child's anonymity must be maintained in all phases of the research as dictated by state and federal law.
- D. Notice Requirements
1. The facility must report any known or suspected child abuse or neglect to the DCYF Child Protective Services (CPS) Hotline in accordance with RIGL 40-11-3 and **DCYF Policy 500.0000, Reporting Child Abuse and/or Neglect**. Any person who has reasonable cause to know or suspect that any child has been abused and/or neglected or has been a victim of sexual abuse by a parent, third party adult or another child must report that information to the CPS Hotline within twenty-four (24) hours.
 2. The facility must notify DCYF, through the child's worker and/or Child Protective Services, and the parent or guardian immediately of:
 - a. Serious injury or illness involving medical treatment of a child
 - b. Any suicidal or homicidal gesture or attempt that requires outside emergency service or evaluation
 - c. Any situation involving police intervention
 - d. Any unauthorized absence of the child from the facility in accordance with DCYF policy
 - e. Removal or attempt to remove a child from the facility by any person or agency other than the placing agency
 - f. Any fire or other emergency that requires overnight evacuation of the facility
 - g. Any expulsion of a child from school
 - h. Death of a child
 3. The facility will provide written notice within thirty (30) days to DCYF of changes in admissions criteria or administrative staff (applicable staff are referenced in **II. PERSONNEL**, A. 1,2, and 3 below).
 4. The facility will contact DCYF in writing for approval prior to implementing any program or site changes, which impact the existing license, such as change of location, physical expansion or an increase or decrease in the number or gender of clients served.
 5. The facility will contact DCYF to request approval prior to permitting any media interviewing or photographing of clients in accordance with **DCYF Policy 300.0005, Media Interviewing or Photographing Children in DCYF Care**.
- E. Inspection - The facility will meet with the Licensing Unit upon request and allow representatives from DCYF and the Office of the Child Advocate to inspect the facility at any time to determine compliance with the regulations.

II. PERSONNEL

- A. Educational Requirements and Hiring Qualifications
1. The chief executive of a parent agency must have an advanced degree from an accredited academic program of social work, health, human services or education, with supervisory and management experience in the provision of social services to individuals, families and children, or any equivalent combination of education and experience.
 2. The director of residential services or program director must have a bachelor of arts degree in social work, health, human services or

education and a minimum of four (4) years experience working in a residential program.

3. The director or supervisor of clinical services must have a master's degree with a concentration in human services or related field, an active license with the RI Department of Health to provide clinical services as an independent practitioner in accordance with RIGL 5-39.1, a minimum of two (2) years clinical experience and the knowledge and skills necessary to provide leadership to staff.
4. Any program clinician, including any consultant, must possess the necessary qualifications and licenses to provide care and services to facility residents.
5. Direct care staff must have a minimum of a bachelor's degree from an accredited academic program in social work, health, human services or education or any equivalent combination of education and experience.

B. Personnel Policies

1. The facility will maintain written job descriptions for all positions.
2. The facility will maintain written personnel policies and procedures, which will be provided to staff at the time of hire. The personnel policies will include a provision governing conflicts of interest.
3. Staff will work regularly scheduled hours and the facility will maintain a record of work assignments.
4. The facility will have a personnel file for each employee, which contains the following:
 - a. The application for employment, resume and references
 - b. Any professional certifications
 - c. DCYF clearance (DCYF #035A) and results (DCYF #171)
 - d. Fingerprint affidavit and results
 - e. Statewide criminal records check and results
 - f. Criminal History Affidavit (DCYF #109)
 - g. Employment History Affidavit (DCYF #108)
 - h. Performance evaluations
 - i. Personnel actions relating to the individual's employment with the facility
 - j. Documentation of completion of training in crisis intervention and restraint and certification in first aid and CPR, with evidence of annual compliance
 - k. Evidence of continuing education hours
 - l. Beginning and end dates of employment
5. Personnel records must be retained for six (6) years from date of termination.

C. Staff Training, Development and Evaluation

1. The facility will maintain a written plan for the orientation, training, on-going development, supervision and annual evaluation of staff. Staff supervision must address all critical areas of resident life and occur weekly for direct care staff with the immediate supervisor or designee. A master's level clinician must provide supervision for clinical staff.
2. Each new employee will receive orientation and training consistent with the facility's written plan, including documentation that staff identified by provider to be responsible for the use of crisis intervention and restraint has completed mandatory training in a nationally recognized model of crisis intervention and restraint and certification in first aid and CPR within thirty (30) days of hiring.
3. Direct care staff must receive a minimum of sixteen (16) continuing education hours annually in topics related to residential treatment. Eight

(8) of these hours will pertain to crisis intervention and restraint in accordance with **SECTION THREE-LICENSING STANDARDS, VI. PROGRAM REQUIREMENTS**, L. Behavior Management, Safety and Crisis Intervention, Restraint and Seclusion below. The remaining hours may include training in the following areas:

- a. Principles and applications of child care and family centered practice
- b. Program goals, administrative procedures and program documentation
- c. Reporting of child abuse and neglect under state law
- d. State laws and regulations pertaining to confidentiality and ethics
- e. Approved behavior management, group techniques and child safety
- f. Age appropriate development, boundaries and cultural issues
- g. Sexual orientation and expression
- h. First aid and CPR
- i. Fire safety and safe management of hazardous materials
- j. Emergency and disaster preparedness
- k. Medication distribution
- l. Effects of psychotropic medications
- m. Placement issues including separation, loss and grieving
- n. Medical and psychiatric risk assessment

D. Staff Communication

1. The parent agency will have a written procedure for communication within each site that addresses residents' service plans and the milieu.
2. The procedure will provide for the timely and organized transfer of information between each shift and the daily transfer of information between treatment components.

E. Volunteer and Intern Services

1. A facility that utilizes volunteer and/or intern services will maintain written procedures regarding their roles and provide these procedures to all volunteers and interns.
2. The procedures will require that all volunteers and interns be:
 - a. Directly supervised by a paid staff member
 - b. Oriented and trained in the philosophy of the program, the needs of children in their care and the methods used to meet those needs
 - c. Utilized to provide services to enrich the program. Volunteers and interns may not provide essential services that would otherwise be provided to satisfy client/staff ratios.
 - d. Fully informed, at time of orientation, of the requirement to protect client's confidential information, whether written or oral
 - e. Prohibited from participating in any form of restraint
3. Facilities will maintain a file for each volunteer and intern containing Employment History Affidavit (DCYF #108), Criminal History Affidavit (DCYF #109), Fingerprint affidavit and results, DCYF Clearance (DCYF #035A) and results (DCYF #171) and a signed confidentiality agreement.
4. Volunteers and interns will comply with the same ethical requirements as staff.

III. HEALTH, PRIVACY AND SAFETY

A. Physical Site

1. The facility will be housed in a structure equipped and maintained to provide for the safety, health, privacy and physical comfort of all residents.
2. Any proposed changes to the site must be made in accordance with state and local laws and notice to DCYF in accordance with **SECTION THREE-LICENSING STANDARDS, I. ADMINISTRATION AND ORGANIZATION**, D. Notice Requirements above.
3. The facility must maintain all structures and equipment on the premises in good repair, free from hazard or risk. Any power equipment will be stored appropriately.
4. All living areas of the facility will be well-lighted and ventilated.
5. All areas must be clean and properly maintained at all times.
6. Each residential unit will contain interior space for the children's leisure, designed and equipped in a manner consistent with program goals.
7. There will be dining areas that allow children, staff and guests to eat together.
8. The facility will ensure that:
 - a. Each child has an individual bed equipped with a moisture retardant mattress covering, seasonal bed linens and a pillow. Cots, couches, futons, sofas and roll-a-ways are not considered beds.
 - b. Every bedroom will have a window with a covering to allow privacy.
 - c. Each child will have an individual bureau, a hamper for dirty clothing, closet space and a container for storage appropriate for the child's belongings.
 - d. Every child will be provided with necessary individual personal hygiene products.
 - e. No child, upon attaining the age of three (3) years, will share a bedroom with a resident of the opposite sex.
 - f. No adult may sleep in the same bedroom with a child.
 - g. When bunk beds are used, the vertical distance between the mattresses will allow each resident to sit up comfortably in bed. The top bunk will be fastened securely to the side frames. No child under the age of six (6) will be allowed to sleep in the top bunk. The facility cannot require any child to sleep in a bunk bed.
 - h. Every school age child will be provided with a well-lighted area for studying.
 - i. All bedrooms and bathrooms must have doors; all bedroom, closet and bathroom doors must unlock from both sides.
 - j. A minimum of one sink and one bathtub or shower with hot and cold water and one toilet will be provided for every eight (8) children in residence.
9. Lavatories and baths will allow for individual privacy. Bathrooms will be separated by gender for children over the age of three (3).
10. All sinks, showers and bathtubs must be equipped with anti-scald valves.
11. A separate living space will be provided for live-in staff. The facility will not designate common areas as staff sleeping accommodations.
12. A distinct space must be provided to serve administrative needs.
13. The facility must have a designated space to allow private discussions and counseling sessions for children with staff and family.

B. General Safety

1. Every facility will be secured at all times when staff is not present.

2. Locked storage areas must be provided for all potentially harmful or flammable materials and for any dangerous tools or utensils. Only authorized staff will have access to keys for storage.
 3. All damaged or obsolete items will be removed promptly and disposed of properly.
 4. Each living unit within a facility will be equipped with land-line telephone service. Emergency telephone numbers, including physician, poison control and health agency, will be posted adjacent to land-line telephones.
 5. Firearms and other weapons are prohibited.
 6. Smoking and the use of candles and incense is prohibited.
 7. A resident may be permitted, with the consent of the resident's parent or legal guardian and direct staff supervision, to operate small power equipment.
 8. Children may swim only in the presence of a certified lifeguard. If a staff member is serving in that role, the staff member may not have any other responsibilities while children are swimming.
- C. Radon Safety
1. Providers shall show evidence that the facility has been tested for radon and has been found to be radon safe.
 2. Retesting shall be done every three (3) years in accordance with the rules and regulations for radon control issued by the Rhode Island Department of Health.
- D. Lead Paint Safety
1. There shall not be any peeling or damaged paint or plaster in any area of the residential facility, either interior or exterior.
 2. The residential facility serving children under the age of six (6) years shall comply with rules and regulations promulgated by the Rhode Island Department of Health pursuant to RIGL 23-24.6-14 (Lead Poisoning Prevention Act) and shall comply with recommendations resulting from lead inspections conducted pursuant to the above referenced statute and regulations.
- E. Fire Extinguishers and Fire Safety Inspections
1. Each facility must be equipped with a five (5) pound all purpose ABC Fire Extinguisher on each floor level, centrally located and mounted on a wall bracket approximately 3 ½ feet from the floor.
 - a. Each extinguisher must be inspected annually by a licensed company and affixed with a tag listing the inspection company, the inspection date and inspector's signature.
 - b. When new fire extinguishers are purchased, a sales receipt must be maintained for inspection by DCYF Licensing Unit.
 2. Fire safety inspections will be conducted by staff every thirty (30) days to ensure:
 - a. Fire extinguishers have no evidence of corrosion or physical damage and remain:
 - i. Properly located and easily accessible
 - ii. Marked with legible operating instructions
 - iii. Sealed with intact tamper indicators
 - iv. Equipped with a pressure gauge indicator in operable range
 - v. Marked with the fire inspector's annual certification

- b. All other fire and safety equipment, such as smoke detectors, alarms and emergency lighting, are maintained current at all times.
 - c. Monthly inspections will be documented in a fire safety log.
 - 3. Each smoke detector system will be inspected at least once per year by DCYF.
 - 4. The facility is responsible to maintain compliance with fire safety laws and regulations and is subject to periodic inspections to ensure compliance.
- F. Fire, Emergency and Disaster Procedures
 - 1. Each facility will maintain a written disaster and emergency response plan, developed with the assistance of qualified safety personnel. The plan will address:
 - a. Mandatory and emergency evacuations
 - b. Disaster planning training for staff
 - c. Locating and tracking children
 - d. Protection of records
 - e. Provision of regular and crisis response services to children
 - f. Communication with DCYF
 - 2. The emergency and disaster response plan will provide for a minimum of five (5) days of food, water, medication, toilet paper, hygiene supplies and sleeping accommodations for all residents and staff.
 - 3. Evacuation procedures will be posted in all common areas and on each level of the facility. The facility will provide accommodations and staff training for the evacuation of any disabled children.
 - 4. The facility will conduct one fire drill per month. All shifts will participate on a rotating basis. The drills must include evacuation of all persons to safe areas.
 - 5. Every facility will maintain a record of fire drills in its fire safety log.
- G. Emergency Medical Procedures
 - 1. Every facility will have written procedures for staff to follow in case of a medical emergency.
 - 2. Emergency medical procedures will be conspicuously posted at each site.
 - 3. Each facility will maintain a fully stocked first aid kit and universal safety precaution kit that includes CPR masks and shields.
 - 4. The facility will record any child's medical emergencies in the child's record.
- H. Medication for Residents
 - 1. The facility will maintain written protocols for dispensing over-the-counter (OTC) and prescription (RX) drugs, as well as for monitoring the self administration of subcutaneous injectables.
 - 2. Each medication will be properly labeled and stored in a separate container for each child, labeled with the child's name.
 - 3. The facility will maintain all medications under double lock (in a locked container stowed in a locked cabinet).
 - 4. The facility will maintain a sign-off sheet for the transfer of keys to the locked cabinet and container.
 - 5. No prescriptions may be given to any child other than the child for whom it has been prescribed.
 - 6. There will be at least one trained staff person per shift responsible for dispensing medication.

7. The facility will maintain a medication log, consisting of individual pages for each child. The log will include the child's name, the name of the prescriber, the name of the RX or OTC drug, the dose, the date and time dispensed and the name of the staff person who dispensed each dose.
 8. The medication log page for each child will conspicuously indicate any allergies.
 9. Any medication requiring injection must be administered by a qualified medical practitioner, with the exception of subcutaneous medications, which may be administered by the child if the child has been properly trained and the prescribing physician has authorized the child to self administer.
 - a. All self-injections are to be monitored by trained staff.
 - b. If the child is permitted to, but is unable to self administer a medication, trained staff, in accordance with the facility's written emergency medical procedures (refer to section G. Emergency Medical Procedures above) may administer the medication.
 10. The facility will maintain a written procedure for the disposal of expired and discontinued medications. All medical waste will be disposed of pursuant to the universal precautions for infectious disease and control.
- I. Transportation
1. All vehicles used to transport children must be registered, covered by insurance meeting the state's minimum requirements, maintained in good operating condition and have a valid inspection sticker in accordance with state law.
 2. Children will be required to use age-appropriate seat restraints in accordance with RIGL 31-22-22.
 3. Staff transporting children in any specialized vehicles will have the appropriate operator's license.
 4. All vehicles will be equipped with complete first aid and spill kits.
- J. Food Services
1. Food preparation and storage areas must be maintained in sanitary condition.
 2. Menus, all meeting accepted nutritional standards, will be posted for the residents.
 3. The facility will provide every child with at least three (3) regularly scheduled meals a day and at least one (1) healthy snack, with no more than fourteen (14) hours between breakfast and dinner.
 4. No child will be denied food for other than medical reasons. The reason, as recommended by the child's health care provider, will be noted in the child's facility record.
 5. No child will be force-fed or otherwise coerced to eat.

IV. ADMISSION/INTAKE

- A. Each facility will maintain written referral and admission policies and procedures available to staff, parents, residents and DCYF for review. The protocols will define the roles of each participant in the admission process, identify specific goals and objectives expected for participation in the program and define procedures for determining a child's eligibility for the program.
- B. All of the following issues must be reviewed and discussed with a resident and parent prior to admission:
 1. The statement of purpose
 2. The extent of adult supervision at the facility

3. The daily routines and expectations of the program
 4. Procedures for behavior management and discipline
 5. Assessment and evaluation procedures used in treatment planning and service delivery
 6. A plan for the provision of services to the child
 7. A plan for the provision of services to the family
 8. Rules regarding family participation
 9. Criteria for discharge
- C. The facility provides a written description of any educational program in which the child is expected to participate.
- D. Upon the arrival of a new resident, the facility will document any known dietary restrictions.
- E. The parent will complete all necessary consent forms.
- F. The facility will ascertain and document the child's allergies and any special medical conditions. The allergies or conditions will be conspicuously noted on the medical portion of the child's record and communicated to direct care staff.
- G. The facility will have a written description of any religious affiliation and its observance of any religious practice. The policy will be provided to, and discussed with, the child, the parent and DCYF. During the admission process, the program will determine the wishes of the parent and the child regarding religious participation. No facility may require a child to comply with any religious practices.

V. FACILITY RECORDS AND SERVICE PLANS

- A. Facility Case Records
1. A written record for each child will be actively maintained while the child is in placement at the facility.
 2. Each child's facility case record will be maintained in a uniform format. All of the following information must be included:
 - a. Child's name, gender, birthdate and social security number
 - b. Name, address, telephone number and marital status of the child's parents
 - c. Name, address, telephone number and relationship to the child of the person with whom the child was living prior to admission
 - d. Custody or guardianship status
 - e. Consent forms signed by the parent or DCYF, as appropriate
 - f. Date of admission and source of referral
 - g. All documents associated with the child's referral
 - h. Updated inventory of child's personal belongings
 - i. Bio-psychosocial assessment consistent with diagnostic formulation under the current edition of the Diagnostic and Statistical Manual (DSM) and identification of medically necessary services to meet needs and problems identified in the diagnostic formulation.
 - i. This assessment provides the information for a clinical formulation of a DSM diagnosis.
 - ii. This assessment is completed for all children entering residential care or is provided to the program from another competent clinical resource.
 - j. Individual service plan and records of quarterly reviews.

- i. The Individual service plan must address issues of concern identified in the bio-psychosocial assessment and diagnostic formulation.
 - ii. The Individual service plan must be signed by a licensed practitioner of the healing arts, the parent or guardian, the child, if appropriate and the DCYF worker.
- k. DCYF Service Plan
- l. Educational reports and/or description of educational needs including individual educational plans (IEPs)
- m. Medical and behavioral health records
- n. Copies of any incident reports
- o. Progress notes documenting activities in support of the goals of the service plan and periodic reviews.
 - i. Progress notes must be dated and signed by the facility worker and include the length of time spent in the activity with the child and the child's response to the activity as it relates to one or more of the treatment goals in the child's individual service plan.
 - ii. Progress notes must be entered for any intervention to assist the child, consistent with the provisions of the child's individual service plan.
- p. Date of and reason for discharge
- q. The name, address, and telephone number of the individual and/or agency to whom the child is discharged
- r. Discharge summary and aftercare plan
- s. A signature form for all persons who review the child's record
- 3. The facility will secure facility case records against loss, tampering and unauthorized use.
- 4. Each facility will maintain a register of all children who are referred, admitted and discharged.
- 5. DCYF, the Office of the Child Advocate (OCA) and any assigned court appointed special advocate (CASA) will have access to all records of children in care.
- 6. Case record information may be used for facility quality assurance and accreditation purposes, provided confidentiality laws are followed.
- 7. A child's record will be kept for a minimum of six (6) years after discharge and will be disposed of in a manner that preserves the child's confidentiality.

B. Facility Service Plans

- 1. Initial individual service plan
 - a. The plan is developed with active participation of the family and DCYF worker and identifies and draws upon the strengths of the child and his/her family.
 - b. Within fifteen (15) calendar days of admission, the facility will formulate an initial service plan.
 - c. The initial plan will include the name and title of the person responsible for developing the child's individual service plan and the names of staff responsible for planning and implementing treatment procedures.
- 2. Individual service plan
 - a. Within thirty (30) calendar days of admission, a facility will review the child's service needs and strengths in a manner that recognizes and respects the child's race, ethnicity, culture, sexual orientation and expression. The review must address the following issues:

- i. Health care
 - ii. Education
 - iii. Personal/social development
 - iv. Family relationships, including strengths of child and family
 - v. Pre-vocational and vocational training
 - vi. Life skills development
 - vii. Religion and spiritual activity
 - viii. Recreation
 - b. On the basis of this review, and consistent with the DCYF Service Plan, the facility will develop the individual service plan. The plan will address the following:
 - i. Attainable goals and objectives which are clearly written in language that the youth and parent understand
 - ii. Services provided to the child, including activities to be pursued with the child's family, in order to achieve the stated goals
 - iii. Identification of all persons responsible for implementation of the various aspects of the plan
 - iv. Discharge criteria and aftercare services
 - c. The facility will conduct quarterly reviews of the plan's specific goals for the child and the child's family, where applicable, in order to evaluate progress toward achievement of those objectives and revise the plan accordingly.
 - d. The program administrator or designee, any direct care staff, clinician, parent and child as appropriate, DCYF social caseworker and any other service provider identified by the DCYF social caseworker will participate in the development of the individual service plan and in the subsequent quarterly reviews.
 - e. Every facility will provide opportunities for the parent to participate in the treatment planning process unless such participation is contraindicated.
 - f. The facility will explain the individual service plan and any subsequent revisions to the child and the child's parent.
- C. Discharge, Transition and Aftercare Planning
- 1. Prior to the planned discharge of a child, the facility will formulate an aftercare service plan with DCYF that specifies the support system and resources that will be provided to the child.
 - 2. A facility will complete a written discharge summary within fifteen (15) calendar days of the child's discharge date. Copies of the discharge summary will be included in the child's case record and sent to the DCYF worker.
 - 3. When the discharge occurs in accordance with the child's facility and DCYF Service Plans, the discharge summary will include:
 - a. An explanation of services provided during care
 - b. Progress in achieving the goals stated in the individual service plan and DCYF Service Plan
 - c. The aftercare service plan
 - d. Medical records
 - e. Educational reports, clinical reports and all other pertinent data
 - 4. When a discharge is not in accordance with the individual service plan, the following items will be added to the summary:
 - a. Circumstances leading to the unplanned discharge
 - b. Recommendations for services

5. At discharge all medications and prescriptions must accompany the child.

VI. PROGRAM REQUIREMENTS

- A. Every facility will comply with the Children's Bill of Rights (RIGL 42-72-15).
- B. Confidentiality
 1. The facility will have written confidentiality policies and procedures, in accordance with federal and state law and DCYF policy, which will be provided to all staff.
 2. The policies will ensure the confidentiality of clients, their families and any written and electronic records pertaining to clients. The confidentiality policies and procedures must include explicit protection against disclosure of a person's race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief or handicap or any personal information that the family or child specifies should be maintained in a confidential manner.
 3. There will be no written, verbal or electronic communication regarding confidential matters unless necessary to ensure safety and treatment.
 4. Nothing herein prohibits any disclosure of a child's behavior or beliefs for safety and treatment purposes.
 5. Written consent will be obtained from parent or guardian and/or youth, if of appropriate age, prior to using any videotape or picture of a child or his or her family for any form of publicity, media or use external to the facility in accordance with **DCYF Policy 300.0005, Media Interviewing or Photographing Children in DCYF Care.**
- C. Family Participation
 1. The facility will incorporate family centered practice in the treatment of residents and will involve parents/family in that treatment to the greatest extent possible given the particular child's individual service plan.
 2. The facility will maintain a written policy defining opportunities for family involvement.
 3. The facility will make all of the following information available to parent:
 - a. Specific treatment strategies employed by the program
 - b. Visiting hours, activities and rules for communicating with the child
 - c. Procedures to register complaints about the child's care
 - d. Name and telephone number of a facility contact person
- D. Medical Care
 1. A facility must arrange for each child to receive timely and competent medical, vision and dental care with annual examinations and any follow-up treatment.
 2. A facility must arrange for the child to receive a physical examination by a licensed practitioner within fifteen (15) business days of admission unless the facility has access to the results of an examination conducted within one (1) year prior to admission.
 3. A facility must arrange for each child to receive dental and vision examinations within sixty (60) business days of admission unless the facility has access to results of these examinations conducted within six (6) months prior to admission.
 4. The medical section of the child's facility case record will include a listing of all medical visits, including:
 - a. Reason for the visit

- b. Name of the health care provider
- c. Results and recommendations of the medical exam
- d. Any medication, noting dosage and reason prescribed
- 5. In the event a child requires any corrective device, such as a hearing aid or prosthetic, the facility will ensure that the child receives training on proper use and maintenance of the device. The device will become the child's personal property.
- 6. Upon discharge, the facility will provide a copy or summary of the child's health record to the person or agency responsible for the future planning and care of the child.

E. Education

- 1. The facility will arrange for residents to attend appropriate educational programs in accordance with state and federal law.
- 2. No facility will operate an educational program without the written approval of the Rhode Island Department of Education (RIDE).
- 3. The facility will provide residents with appropriate space and supervision for quiet study and access to necessary reference materials.
- 4. The facility will provide for vocational education and/or life skills training and services as appropriate to the child's age and abilities.

F. Visitation and Outside Contacts

- 1. All contact and communication between a child and any third party will be conducted in accordance with the DCYF Service Plan.
- 2. The facility will establish rules regarding telephone use. Residents should be allowed to communicate with family and significant others.
- 3. Reasonable privacy will be provided for visits and telephone conversations.
- 4. The facility will maintain written procedures for all visits conducted off site.
 - a. The following information will be recorded for off site visits:
 - i. The child's location and planned duration of the visit
 - ii. The name, address and telephone number of the person responsible for the child during the visit
 - iii. Identity, verified through photo ID, of the person transporting the child
 - iv. The time of the child's return
 - b. The facility will provide a sufficient supply of any medication required during the visit.
- 5. Residents are permitted to receive and send mail.
- 6. If the facility perceives a need to limit the child's visitation or communication in any manner, facility staff will:
 - a. Consult with DCYF to determine if the limit is appropriate.
 - b. Inform the child of the reason for the limitation or termination of the child's ability to communicate with specified individuals.
 - c. Document the decision in the child's case record.
 - d. Review the decision at least every three (3) months.
- 7. DCYF, the OCA and any assigned CASA or CASA volunteer will be allowed contact with the child.

G. Employment and Money

- 1. When age and circumstances permit, the facility will allow children to control their money.
- 2. Money earned or received by a child is the child's personal property.
- 3. The facility will limit the amount of money in a child's possession consistent with the child's best interest.

- a. When the facility retains money for the child, the amount must be documented and the money maintained separately.
- b. When a child has regular employment income, the facility will assist the youth to open and maintain a savings account.
- c. The facility will inform the DCYF caseworker of any money held by the facility or any bank account and will monitor the child's expenditures, as well as withdrawals and deposits to any bank account.
4. A facility may not require children to perform work without adequate compensation. This does not prohibit the facility from expecting youth to participate in chores and other aspects of daily living.
5. The facility will ensure that any child who is not involved in an educational or vocational program is gainfully employed.
6. The facility will encourage age-appropriate, gainful employment for a youth in accordance with the youth's individual service plan.
7. A child will not be required to assume expense for, or contribute to, the child's care unless indicated in the DCYF Service Plan.
8. Reasonable sums may be deducted from a child's allowance or earnings within the facility as restitution for damages caused by the child. Restitution will be based on the child's ability to pay.

H. Recreation

1. Each facility will provide regular, diverse recreational activities.
2. The facility will develop activities for individuals, small and large groups, as necessary, to ensure that the recreational activities accommodate all age levels and functional abilities to allow all children an opportunity to participate.
3. The facility will encourage each child to participate in school and community activities as appropriate to the residential setting and the child's treatment plan.
4. The facility will permit and encourage outdoor exercise.
5. The facility will maintain a posted schedule of activities in a common area.

I. Clothing and Personal Belongings

1. The facility will ensure that each child has adequate, clean, well-fitting and seasonable clothing and ensure that the clothing is identified as belonging to that child.
2. The child's clothing may not be shared and the child will be permitted to take all clothing at discharge.
3. All clothing and personal belongings, including newly acquired items, will be included in an inventory list in the child's record.
4. In the event of a child's unplanned discharge, the facility will make reasonable provisions to protect the child's property.

J. Personal Care and Hygiene

1. Each facility will develop and maintain a schedule for appropriate hygiene and hygiene instruction for residents who lack such skills.
2. The facility will provide each child with necessary personal hygiene articles appropriate to the child's age, gender and culture.

K. Search

1. Each facility must develop a written search policy that is distributed and explained to the child, the parent and DCYF.
2. The policy should identify individuals who can authorize a search, items constituting contraband and guidelines for conducting a search.

3. Searches of a child's room or personal belongings may be conducted only when reasonable grounds exist to believe the search will yield evidence that the child has violated the law or legitimate rules of the program.
4. Random or routine searches are prohibited unless specifically outlined in the child's individual service plan (refer to **SECTION THREE - LICENSING STANDARDS, V.FACILITY RECORDS AND SERVICE PLANS**, A. Facility Case Records, 2.j) to ensure the health and safety of the child.
5. The child will be present for the search of that child's room or belongings, except in the case of an emergency or unauthorized absence, and direct care staff will maintain the privacy of the youth with respect to other residents.
6. Direct care staff will provide every child suspected of possessing contraband an opportunity to relinquish it voluntarily.
7. Any contraband seized during a search must be documented in the child's record.
8. Direct care staff will return any permitted items to the child upon completion of the search.
9. Pat searches will be used only if reasonable grounds exist to believe that the search of that resident will reveal evidence that the youth has violated or is violating the law or the rules of the program.
10. The pat search procedure will consist of a requirement that a resident empty all pockets and/or personal carrying cases, including wallets, and remove shoes for the purpose of subjecting these items to a search or a requirement that a resident submit to a procedure whereby staff person runs hands along the outer body, clothing, inseams and/or hair of the child.
11. A second direct care staff must be present for any search of a child's room or personal belongings or for any pat search.
12. Strip searches are prohibited.

L. Behavior Management, Safety and Crisis Intervention, Restraint and Seclusion

1. The facility must have written behavior management policies and procedures, which are subject to DCYF approval, that promote residents' optimal functioning in a safe and therapeutic manner. The facility must:
 - a. Regularly review and modify the policies, as appropriate.
 - b. Explain the policies to each resident, parent, facility and placing agency staff.
 - c. Address issues such as room and privilege restrictions.
 - d. Use state-of-the-art prevention and intervention methods that focus on avoiding the use of restraint or seclusion.
 - e. Require staff, identified by the provider in accordance with agency policy, who are responsible for the use of crisis intervention, restraint and seclusion to review and demonstrate understanding of policies and procedures that address the use of these methods.
 - i. The staff supervisor will document the review and include it in each staff's personnel file. The review and documentation will occur within thirty (30) days of hire and annually thereafter.
 - ii. These policies must address monitoring, documenting, reporting and internal review of all instances of restraint and seclusion.
 - iii. These policies must address trainer certification, staff training, alternative intervention strategies, de-escalation

- techniques, internal and external reporting requirements, informed parental consent and data collection.
2. The facility is prohibited from administering corporal punishment and any punishment that is cruel, humiliating, unusual or unnecessary.
 - a. No aversive techniques or activities that result in pain may be used.
 - b. No basic services, reasonable visitation or communication privileges may be withheld.
 - c. A child's personal property may not be destroyed or unreasonably withheld.
 3. The facility may use time out to prevent crises and for behavior management, provided staff is able to visually monitor the child throughout the time out.
 - a. The child must be within speaking distance to a staff person.
 - b. The permissible distance depends on the child's age, developmental level and potential for stimuli from others.
 4. The facility is required to select one (1) approved nationally recognized model of crisis intervention and restraint from DCYF's approved listing and inform DCYF of its selection as part of the licensing process.
 - a. Staff must be trained in the selected model and will only employ restraint techniques taught in that model.
 - b. Parent agencies that operate more than one facility may identify a different model for each facility.
 - c. DCYF will only approve a model with the following attributes:
 - i. A clearly written curriculum that has been approved by a multidisciplinary group of professionals and focuses on prevention and de-escalation of crises
 - ii. Procedures for teaching safe and effective implementation of restraint
 - iii. Individuals certified as trainers are recertified at least once every three (3) years
 - iv. Developed by an organization that evaluates and modifies the curriculum in order to ensure the application of state-of-the-art deescalation and restraint techniques
 - d. DCYF will make available a list of approved models no later than January 1 of each calendar year.
 - i. The parent agency and/or facility may submit to DCYF a written request for a model to be added to this list.
 - ii. DCYF retains the right to add or remove models at any time.
 - e. The facility will ensure that all training in crisis intervention and restraint for staff is provided by an individual who is recognized as a certified trainer by the organization that developed the model. The facility will further ensure the following:
 - i. The trainer has been certified or recertified as a trainer in the most current version of the model within the past three (3) years.
 - ii. The trainer completes one (1) training in this model annually.
 - iii. The facility will maintain documentation regarding the certification status of each trainer.
 - f. DCYF will not recognize the adaptation or modification of any model without the written approval of the organization that developed the model.
 - g. The parent agency and/or facility will report to DCYF any changes made to its selected model by the organization that

developed the model. This notification will take place within thirty (30) days of the receipt of the changes by the parent agency and/or facility.

5. Crisis intervention and restraint training and supervision for staff identified by provider to be responsible for the use of crisis intervention and restraint.
 - a. New staff training
 - i. Each facility will require that staff, including relief staff, successfully complete the training prior to being solely responsible for any child or participating in any restraint. Staff will have the opportunity to complete such training within thirty (30) days of hire.
 - ii. New staff will complete a minimum of sixteen (16) hours of training in the facility's approved model or the number of hours prescribed by the model, if greater.
 - iii. The trainer will document in the staff's personnel file that the individual has successfully completed the training and can competently implement all aspects of the model.
 - iv. In the event a facility has a resident with any special medical condition, staff will complete training in proper application of the restraint model.
 - b. Annual training
 - i. Each facility and/or parent agency will require that staff annually receive a minimum of eight (8) hours review training in the facility's selected model or the number of review hours prescribed by the model, if greater.
 - ii. The trainer will document in the staff's personnel file that the individual has successfully completed the training and can competently implement all of its aspects.
 - iii. In the event a staff person fails to participate in or successfully complete the annual training, that individual may not participate in any restraint.
 - c. Each facility and/or parent agency will routinely address the use of crisis intervention and restraint in individual or group supervision with staff. The supervision will focus on analyzing individual interventions as well as patterns of intervention to identify ways to increase the effective use of prevention methods in order to reduce the use of restraint.
 - d. Each facility and/or parent agency will conduct annual evaluations of each staff's use of crisis intervention and restraint and the results will be documented in the staff's personnel file.
 - e. If the facility is authorized to use mechanical or chemical restraint or seclusion, the staff must be trained in preventive methods, alternative interventions, the use of the authorized technique and the potential medical complications associated with its use. Evidence of certified training, with annual renewals and evaluations, will be maintained in the personnel files of staff.
6. General principles for therapeutic physical, mechanical and chemical restraint and seclusion
 - a. Physical, mechanical and chemical restraint and seclusion may not be implemented as a means of coercion, discipline, convenience or retaliation. The techniques may not be used as a sanction for non-compliance with a program rule, staff directive or as a substitute for direct care.
 - b. Physical, mechanical and chemical restraint and seclusion may only be instituted in the following circumstances:

- i. In an emergency when a child appears to be at immediate or imminent risk of physically harming self or others; and
 - ii. Less restrictive interventions have not succeeded in de-escalating the child's behavior.
 - c. Pursuant to RIGL 42-72.9-4, no life-threatening restraint may be utilized.
 - d. In accordance with RIGL 42-72.9-4, restraints cannot be written as a standing order or on an "as needed" (PRN) basis.
 - e. The physical condition of a child will be assessed throughout the duration of any restraint or seclusion. The assessment will not be conducted by any staff person who is involved in the restraint or seclusion unless it is not practicable for another staff person to perform this duty.
 - f. The facility and/or parent agency will require a supervisory or senior staff person with training in crisis intervention, restraint and seclusion to assess the mental and physical well-being of the child and to ensure that the action is being conducted safely and in accordance with the facility's policies and procedures. This monitoring will occur as soon as practicable, but in no case later than one (1) hour following the initiation of the restraint or seclusion, and will continue with face-to-face assessments conducted at least every fifteen (15) minutes during the restraint or seclusion.
 - g. The facility must provide all children directly and indirectly involved in a restraint or seclusion the opportunity to debrief the incident as soon as practical and no later than twenty-four (24) hours following the incident.
 - h. The use of restraint, seclusion or time out must not hinder the evacuation of a resident in case of a fire or other facility emergency.
 - i. In compliance with RIGL 42-72.9-4, except in the case of an emergency, any use of restraint on a child in the school program of a facility must be in accordance with the child's individual educational plan (IEP).
 - j. It is the responsibility of the program manager of the facility to ensure the following:
 - i. Involved staff members document that the restraint occurred and that less restrictive interventions were attempted to de-escalate the child's behavior with limited or no success in maintaining safety.
 - ii. Any restraint or seclusion was terminated at the earliest possible time the child could commit to safety and no longer poses a threat to self or others.
 - iii. Documentation by staff and supervisory review of the documentation must occur within forty-eight (48) hours of the incident.
7. Mechanical restraint
- a. The use of mechanical restraint is considered a more restrictive intervention than use of physical restraint.
 - b. The use of mechanical restraint, as authorized by RIGL 42-72.9-4, is limited to those facilities that have received DCYF's prior written approval. The facility must develop and follow policies and procedures regarding the use of mechanical restraint and submit the information to DCYF for review and approval.

- c. The circumstances and conditions for the use of mechanical restraint must be identified in the child's treatment plan.
 - d. DCYF reserves the right to deny and/or withdraw any facility's authorization for use of mechanical restraint.
 - e. Only those devices specifically designed for restraint during medical procedures may be employed. Handcuffs and leg irons are prohibited.
 - f. Mechanical restraint may only be instituted in the following circumstances:
 - i. The use of mechanical restraint is ordered in writing by a physician and is administered in accordance with the standards adopted by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) by a certified staff person.
 - ii. When a mechanical restraint is implemented, the facility and/or parent agency must have a face-to-face assessment of the child conducted by a licensed practitioner within one (1) hour of the implementation.
 - g. Nothing in these regulations is intended to limit the use of mechanical restraint for medical or dental procedures associated with acute medical or surgical care or with standard medical practices that include limitation of mobility or temporary immobilization including post-procedure care.
8. Chemical restraint
- a. The use of chemical restraint, as authorized by RIGL 42-72.9-4 and the Federal Children's Health Act of 2000, is limited to those facilities that have received DCYF's prior written approval. The facility must develop and follow policies and procedures regarding the use of chemical restraint and submit the information to DCYF for review and approval.
 - b. The circumstances and conditions for use of chemical restraint must be identified in the child's treatment plan.
 - c. DCYF reserves the right to deny and/or withdraw any facility's authorization for use of chemical restraint.
 - d. Chemical restraint may only be instituted in the following circumstances:
 - i. The use of chemical restraint has been ordered in writing by a physician and is administered in accordance with the standards adopted by JCAHO.
 - ii. The person administering and monitoring the use of the chemical restraint is an appropriately licensed practitioner who is trained in the administration of such medication.
 - iii. Chemical restraint is terminated at the earliest possible time the child could commit to safety and no longer poses a threat to self or others.
 - e. It is not considered to be chemical restraint when it is clinically appropriate to adjust a child's medication regimen to assist in controlling behaviors, and all the following apply:
 - i. The medication is a standard treatment for the child's medical or psychiatric condition and is part of the child's medical treatment as ordered by a physician.
 - ii. The medication is not administered during a physical or mechanical restraint episode.

- iii. The medication is administered to the child voluntarily, without coercion and/or the threat of any negative consequences.
 - iv. The facility must have developed and implemented protocols to ensure that the resident's physical condition is being monitored by appropriately trained staff for a period of time as clinically indicated per local standards of care and the patient receives medical follow up.
 - v. The facility must provide written notice with supporting documentation to the DCYF program monitor, the social caseworker and, where appropriate, the parents within twenty-four (24) hours of the use of such medication during a crisis situation.
 - vi. The facility must document each use of medication as required by these regulations and as required by specific program contracts. Documentation must include the consideration given at the time of administration as to the risks, benefits and alternatives for such medication use.
- 9. Seclusion
 - a. In accordance with RIGL 42-72.9-5, mechanical or chemical restraint and seclusion and may not be used simultaneously.
 - b. The use of seclusion as authorized by RIGL 42-72.9-5 is limited to those facilities that have received DCYF's prior written approval. In order to obtain that approval, a facility must develop and follow policies and procedures regarding the use of seclusion and submit the information to DCYF for review and approval.
 - c. The circumstances and conditions for the use of seclusion must be identified in the child's treatment plan.
 - d. DCYF reserves the right to deny and/or withdraw any facility's authorization for use of seclusion at any time.
 - e. A room used for seclusion will have the following attributes:
 - i. Constructed of safe, non-porous material with give that can be easily cleaned
 - ii. Unlocked or magnetic lock doors
 - iii. Good lighting with protected light fixtures
 - iv. Good ventilation
 - v. A minimum fifty (50) square foot area
 - vi. Observation window(s) made of non-breakable material that allow a direct view of the child at all times
 - f. Nothing in this section will be construed to limit the use of time out as defined elsewhere in these regulations and RIGL 42-72.9-3.
- 10. Documentation and reporting physical, mechanical and chemical restraint and seclusion
 - a. In accordance with RIGL 42-72.9-6, every facility will use the DCYF #203, Physical, Mechanical and Chemical Restraint and Seclusion Report to document any such incident. These reports will be maintained in a weekly log available for inspection by DCYF.
 - b. Each facility will document any use of physical, mechanical or chemical restraint or seclusion that results in serious physical injury or death to child on a DCYF #203 that is immediately transmitted to the Office of the DCYF Director and, during non-

- standard business hours (weekends, holidays and 4 PM - 8:30 AM weekdays), to the DCYF Child Protective Services Hotline.
 - c. The DCYF #203 will be completed as soon as practicable by the staff person most involved in the incident. The DCYF #203 must be completed no later than the end of the shift in which the incident occurred.
 - d. The incident must be documented in the child's case record either with a progress note or a copy of the DCYF #203.
 - 11. Annual compilation of physical, mechanical and chemical restraint and seclusion data and quality assurance
 - a. No later than the first (1st) Monday of February of each year, each facility will report to the DCYF Director a compilation of the incidents of restraint and seclusion within that program during the previous calendar year.
 - b. The annual report will include the following information for the reporting year:
 - i. Number of children served by the facility
 - ii. Number of children restrained or secluded
 - iii. Statistics regarding gender, race and age of the involved children
 - iv. Average duration of each category of restraint and seclusion
 - v. Number of mechanical restraints, grouped according to the type of mechanical device used
 - vi. Number of incidents of chemical restraint, grouped according to medication administered
 - vii. Number of incidents of seclusion
 - viii. Description of how this data was used to identify trends with staff and residents, both individually and in groups, in order to reduce the need for such interventions
 - c. Pursuant to RIGL 42-72.9-6, annual reports constitute a public record; therefore, a facility will not include any identifying information regarding specific children or staff.
 - d. The program manager for the facility and the chief executive of the parent agency will sign the annual report prior to its submission to DCYF.
 - e. The facility will develop methods to monitor and internally review incidents of restraint and seclusion and identify patterns and practices of residents and staff in order to improve practice.
 - f. The DCYF Director reserves the right to establish a committee, which will include family and community representation, to review the use of restraint and seclusion and make recommendations regarding any changes to DCYF regulations or facility policies or practices.
- M. Grievance Procedure
 - 1. The facility will have a clear, written grievance procedure for children that explains the method of registering complaints and the protocol for resolving them.
 - 2. Each child will receive a written copy of the grievance procedure and this procedure will be explained in language that the child understands.